



TAHSEEN Project  
CATALYST Consortium

# Workshop on the Implementation of the National Postpartum Care Guidelines

September 29-30, 2004



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The CATALYST Consortium is a global reproductive health activity initiated in September 2000 by the Office of Population and Reproductive Health, Bureau for Global Health, U.S. Agency for International Development (USAID). The Consortium is a partnership of five organizations: the Academy for Educational Development (AED), Centre for Development and Population Activities (CEDPA), Meridian Group International, Inc., Pathfinder International and PROFAMILIA/Colombia.



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## Workshop on the Implementation of the National Postpartum Care Guidelines

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### Workshop Purpose

#### Postpartum Care in Egypt

The postpartum period is an important period in the life of both mother and child. Both these patients need an array of services that are organized through three different sectors in the MOHP: the FP/RH sector, the curative care sector and the MCH sector. The services are provided through: rural health units, MCH centers and visiting MCH nurses, and through hospitals.

To ensure a safe and healthy postpartum period for mother and child, the three sectors and all institutions need to coordinate their care with the utmost attention. Although this coordination is already well underway, there is stillroom for growth.

The Healthy Mother/Healthy Child program has recently published its latest edition of the BEOC guidelines for physicians. Chapter 14 of this publication deals with postpartum care and details the home visits that need to be done.

The RCT has recently finalized a training package for postpartum care that was approved by the MOHP. Finally, the FP/RH sector updated its *Standards of Practice* in June 2004. These standards include a section on postpartum contraception.

These documents will form the basis upon which a postpartum care program can be mounted. The question remains: how will they be implemented and – more specifically- how can the sectors strengthen their collaboration and improve postpartum care for mothers and children.

To start to answer this question, a workshop was held on September 29 and 30, 2004 in the Ramses Hilton Hotel in Cairo.

For the invitation, please see Annex One.

For the workshop agenda, please see Annex Two.

### Workshop Objectives

- To present the *National Postpartum Care Guidelines*
- To develop suggestions for implementation of the *National Postpartum Care Guidelines*, and the potential role of each sector (FP, MCH and Curative Care)
- To make draft work plans for the next year



## Technical Content of the Workshop

Dr Ton van der Velden opened the workshop with an overview of the problem.

Dr Mohamed Nour presented the *National Guidelines for Postpartum Care* (Chapter 14 of the BEOC). Dr Hala Youssef presented the results of an assessment of postpartum care activities currently implemented. Dr Osama Refaat presented the development of the *PP Care Training Package* the RCT developed with the MOHP and the RCT/MOHP plans for implementation of this package. Dr Ton van der Velden presented the strategy TAHSEEN/Catalyst proposes for their program implementation, which is built on the successful PAC program.

Working groups then discussed ways to strengthen the PPC program and opportunities for further collaboration between MOHP sectors.

Lively discussions ensued after the presentations.

## Workshop Results or Conclusions

### General

- The *BEOC Guidelines*, Chapter 14 does not contain sufficient material on FP. As such they do not form comprehensive PP care guidelines. When the *Integrated Standards of Practice* is finalized, all needed information will be in one document.
- It would be beneficial for members of the sectors to visit each other's activities in the field to gain a better understanding of each sector's work.
- Integration activities between the sectors (in particular between FP and MCH sectors) need to continue. Supervision was mentioned as a particularly important issue for integration.
- BCC activities need to be coordinated. A fixed set of messages needs to be agreed upon.
- Community involvement needs to be considered.

### Prenatal Care

- Nurses need to be trained in providing health education and counseling in integrated courses. Both FP and MCH nurses need to have the skills needed to provide this counseling.
- FP counseling in ANC activities should be strengthened.
- Counseling on PP IUD insertion should be included.
- Women should be told to bring their Women's Health Card to the hospital.
- FP sector IEC officers can help organize and implement awareness raising sessions during ANC clinic hours.





- Clients' selection for referral (high risk pregnancy) needs to be improved. Also, when a client is judged to be healthy, she should be referred to the PHC level.

## Natal Care

- Hospital staff should provide more counseling. Counseling should be provided on the following topics
  - ▶ Perineal care
  - ▶ Breast-feeding
  - ▶ Family planning
  - ▶ 40<sup>th</sup> day visit
  - ▶ Child care
  - ▶ Immunizations
- In hospitals, neonates need to be examined for
  - ▶ Congenital abnormalities
  - ▶ Low birth weight
- In hospitals, neonates need to be screened for congenital hypothyroidy
- In hospitals, neonates need to be vaccinated (BCG, OPV)
- Mothers need to be given vitamin A.
- Hospital staff needs to provide immediate PP IUD services. They need to be trained for this. The FP sector needs to provide the commodities in both operating rooms and delivery rooms.
- The Women's Health Card needs to be filled in at hospitals.
- Discharge forms in duplicate may be needed to ensure proper follow-up for mother and child at home, and in the hospital.

## Postnatal

- MCH nurses need to be informed of hospital births so that they can schedule home visits.
- The possibility of using mobile clinics to provide home visits needs to be explored
- *Raodat rifyat* can do home visits but can only provide health education (information), not services. Their activities would complement, not replace, the MCH nurse home visits. However, their job descriptions would need to be adapted to clearly define responsibilities. This new responsibility would require more training.
- *Raodat rifyat* can follow-up on ANC defaulters



## **Workshop Follow-up**

Finally, the workshop participants recommend that this list of recommendations be presented to the National Safe Motherhood Committee. The National Safe Motherhood Committee can be asked to form a sub-committee in which discussion on cooperation for postpartum care can continue.

Pending the decision of the Safe Motherhood Committee, the next meeting was tentatively scheduled for October 20<sup>th</sup>, 2004.



## Annex One: Invitation

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Dear Dr.

To improve women's health in the postpartum period, and for providing proper birth spacing services for better health of the mother and the child, access to information and services are crucial. To provide these services, the MOHP Integrated Health Care and Nursing Sector, Curative Care Sector and Population and Family Planning Sector all play a major role. It is vitally important that their activities are synchronized and mutually reinforcing.

The Healthy Mother/Healthy Child program recently finalized updated guidelines for postpartum care in Egypt. These are an integral part of the *Basic Essential Obstetric Care, Protocols for Physicians* publication, edition June 2004.

The next step will be to discuss at the national level how these guidelines are going to be implemented by the different sectors, ensuring integration of activities.

To this end, a workshop entitled *Implementation of National Postpartum Care Guidelines* has been organized. Your participation in this workshop is essential to enrich and support the program. The objectives of the workshop will be:

- To present the *National Postpartum Care Guidelines*
- To develop suggestions for implementation of the *National Postpartum Care Guidelines*, and the potential role of each sector (FP, MCH and Curative Care)
- To make draft work plans for the next year

The workshop will be conducted in the Ramses Hilton in Cairo on September 29<sup>th</sup> and 30<sup>th</sup>, 2004.

Attached is the agenda of the workshop. Please note that no rooms will be provided for the night of the 29<sup>th</sup> of September.



Dr Damianos Odeh

Country Representative

TAHSEEN/CATALYST





## Annex Two: Workshop Agenda

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### Day 1

2:00-5:00 pm:	Registration and lunch
5:00-5:30 pm:	Opening and Objectives of the Workshop Dr. Ton van der Velden
5:30-6:00 pm:	Presentation of the <i>National Guidelines for Postpartum Care</i> Dr. Mohamed Nour
6:00-6:30 pm:	Discussions
6:30-7:00 pm:	Evaluation of the current Postpartum Care Program Dr. Hala Youssef
7:00- 8:00 pm:	Discussion
8:00 pm:	Dinner

### Day 2

9:00-9:30 am:	Experiences from Postpartum IUD Insertion Program- MOHP/PS Dr. Hassan Nabieh and Dr Osama Rafaat
9:30-10:00 am:	Suggested TAHSEEN/Catalyst Postpartum Care Strategy Dr. Ton van der Velden
10:00- 11:45 am:	Working groups to develop suggestions for implementation of the <i>Postpartum Care Guidelines</i> , and the potential role of each sector (FP, MCH and Curative Care)
11:45-12:00 am:	Break
12:00-2:00 pm:	Presentation of the working groups Dr. Madiha Said
2:00-3:30 pm:	Working groups by sector to develop draft work plans, and suggestions for the next steps
3:30-4:00 pm:	Presentation of the working groups Dr. Madiha Said
4:00 -	Closure and lunch





### **Annex 3: List of Participants**

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Dr. Manal Abdel Tawab  
Dr. Tharwat Ahmed Badr  
Dr. El-Sayied Abdel Hafez  
Dr. Abdallah Fahmi Kaddah  
Dr. Wasila Mohamed Ali  
Dr. Rehab Mohamed El-Ashkar  
Dr. Mohamed Nour El-Din Abdel Azim  
Dr. Osama Mahmoud Shawkat  
Dr. Samia Abdel Hakam  
Dr. Omar El-Tohamy  
Dr. Fadda Ahmed Ibrahim  
Dr. Magda Hussien Soliman  
Dr. Amal Mohamed Zaki  
Dr. Mohamed Abou Gabal  
Dr. Naglaa El-Sherbiny  
Dr. Alaa Mamdouh Hasan El-Shafei  
Dr. Alaa Hassan  
Dr. Hala Youssef  
Dr. Bahaa Shawkat  
Dr. Safaa El-Baz  
Dr. Osama Refaat  
Dr. Madiha Said  
Dr. Samia El-Shafey  
Dr. Abdel Halim Ragab

